

ISSUE SLIP STAPI E AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	M		04/30/01
<b>O.I.P.E. CLASSIFIER</b>			5-17-01
<b>FORMALITY REVIEW</b>	S.A	8	05/19/01
<b>RESPONSE FORMALITY REVIEW</b>	HA	1082 252	9/18/01

**INDEX OF CLAIMS**

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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